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APPLICANTS

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**** CONTINUING DATA ******* *Yes Cl*

This application is a CON of PCT/US02/08829 03/21/2002
which is a CON of 09/836,650 04/17/2001 PAT 6,629,982

**** FOREIGN APPLICATIONS ******* *No Cl*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	OH	2	14	3
Examiner's Signature	Initials			

ADDRESS

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TITLE

Skull clamp with load distribution indicators

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 385		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)